



Iowa Board of Medicine
400 SW 8th Street, Suite C, Des Moines, IA 50309-4686
(515) 281-6641 www.medicalboard.iowa.gov

Professional Liability Suit Information

Applicant: Complete this form each suit you have been named a party. Summaries of this information from insurance carriers is not acceptable. Submit the requested documentation for each suit. You do not need to submit this form if you have not been named in a professional liability suit.

Name of patient/plaintiff:

Date of event:

Date of suit:

Does the suit involve any of the following?

Yes No

Death of the patient

Wrong sided surgery

Loss of limb or major organ

What is/was your role in the suit or claim:

Primary defendant

Co-defendant

Other

Status of Suit & Documents to Submit:

Pending—Submit copy of complaint and a letter from your attorney indicating the status of the case.

Dismissed—Submit copy of the dismissal order.

Settled— Submit copy of complaint, final disposition, and settlement/release.

Amount Settled on Your Behalf _____

Other

Describe the allegations:

Describe your involvement in the care of the patient:

Applicant Name (Print Name): _____

Applicant Signature: _____ **Date:** _____